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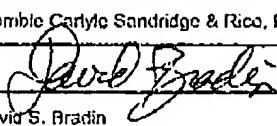
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Application Number	10/747,671
Filing Date	12-30-2003
First Named Inventor	ROA et al.
Art Unit	1614
Examiner Name	K. Weddington
Attorney Docket Number	C261.1050.1 (51081,0005.4)

## ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Alter Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
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<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		
<b>Remarks</b> The Commissioner is hereby authorized to charge Deposit Account No. 09-0528 for the Petition fee and/or any deficiency in the payment of the required fees or credit any overpayment.		

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Womble Carlyle Sandridge & Rice, PLLC		
Signature			
Printed name	David S. Bradin		
Date	June 28, 2006	Reg. No.	37,783

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Donnie S. Dietrich

Date June 28, 2006

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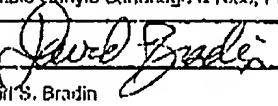
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<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None  <input checked="" type="checkbox"/> Deposit Account  <input type="checkbox"/> Deposit Account Number <b>09-0528</b>  <input type="checkbox"/> Womble Carlyle Sandridge & Rice  <input type="checkbox"/> Non  <input checked="" type="checkbox"/> The Commissioner is hereby authorized to: (check all that apply)  <input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments  <input type="checkbox"/> Charge any additional fee(s) during the pendency of this application  <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above identified deposit account.		<b>FEES CALCULATION (continued)</b>																																																																																																																																																					
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